Family Therapy Supervision as Counter-Induction

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ABSTRACT. In this paper, the phenomenon of therapist stuckness is addressed and related to the experience of hypnotic induction. A case example illustrates how efforts were made through the supervision process to counter-induce the therapist. Robotization (Schwartz, Liddle, and Breunlin, 1988) (i.e., supervisee responding to exact requests of the supervision team), was necessary while the therapist was mastering a very complex and difficult skill in the therapy context – that of changing from traditional therapeutic conversation to social conversation. Altering the conversation of therapy resulted in empowering the client to the point that she could "fire the therapist."

While the therapist's job is to induce in the client an alternative and enabling view of what's needed to get past a problem, the client's job is to induce in the therapist an appreciation of the difficulty of the problem. Between the two therapy takes place.

– Something Erikson
might have said.

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INTRODUCTION

"How do I get therapy going again?" is often the covert if not overt question of the stuck supervisee at the onset of supervision. This symptom of "stuckness" experienced by therapists has been likened to "hynotic induction" (Protinsky, 1986; Simon, 1985). As a symptom, "stuckness" is created and maintained "by interpersonal patterns that surround it. That is, symptoms are anchored in redundant sequences of behavior that occur between people" (Protinsky, 1986, p.174).

In therapy, when families present their description of a problem in a redundant and unrelenting manner, it can resemble traditional methods of inducing a trance. For example, when a family presents a constraining belief about a problem, a therapist may be invited or induced to adopt a similar belief about the problem. Conversely, a family that presents with redundant silence may induce a therapist to non-action. Classical hypnosis involves arresting attention, holding focus and progressively and repetitively introducing suggestion (Hull, 1961). The therapeutic premise that constraining beliefs can be altered through the course of a therapeutic conversation, which may have been counter-inductive at the start, now becomes less accessible in the face of powerful hypnotic family dynamics.

Just as a client's constraining beliefs about a problem (O'Hanlon & Wilk, 1987; Watzlawick, Weakland & Fisch, 1974; Wright & Simpson, 1989) restrict solution, so too can supervisee's beliefs about a particular client restrict therapeutic solutions. This does not preclude that a particular therapist may have very facilitative beliefs starting an interview, but often these beliefs are neutralized through the course of interaction with clients. In fact when working with particularly challenging clients, therapists' beliefs about what basic skills constitute family therapy may also contribute to induction.

SUPPORTING PREMISES THAT FAVOR ENTRANCEMENT

There appear to be a few treacherous premises that foster "inductions" of supervisees. One is the curse of *helpfulness!* Most mental health practitioners seem to be born with this "genetic" need. This